

VIRGINIA DIVISION OF FORENSIC SCIENCE
VICTIM PERK INVENTORY

Date/Opened By: _____

FS Lab # _____

Name on PERK: _____

Kit#: _____

Container#: _____ Item#: _____ Submission#: _____

Type of Seal: _____

(One white cardboard box, unless otherwise specified)

Specimen Collection Checklist Y____N____

Sexual Assault Info Form Y____N____

SWAB/SMEAR ENVELOPES:

OPENED?

**IF OPENED
#SWABS/MAILERS**

Control Y____N____

Y____N____

____/____

Lips/Lip Area Y____N____

Y____N____

____/____

Thighs/External Genitalia Y____N____

Y____N____

____/____

Vaginal/Cervical Y____N____

Y____N____

____/____

Perianal/Buttocks Y____N____

Y____N____

____/____

Anorectal Y____N____

Y____N____

____/____

Additional _____ Y____N____

Y____N____

____/____

Additional _____ Y____N____

Y____N____

____/____

Additional _____ Y____N____

Y____N____

____/____

LIQUID SAMPLES:

Blood Sample Y____N____

Stain Card Prep Date: _____

Blood Tube Type: _____ # _____

Oral Rinse Y____N____

Prep Date of Swabs and 1 Smear: _____

Swabs _____

OTHER:

OPENED?

COMMENTS

Head Hair Standard Y____N____

Y____N____

Pubic Hair Standard Y____N____

Y____N____

Pubic Combing Y____N____

Y____N____

Foreign Material Collection Y____N____

Y____N____

Fingernail Scrapings Y____N____

Y____N____

Debris Collection Y____N____

Y____N____

Underpants Y____N____

Y____N____

Other _____ Y____N____

Y____N____

Other _____ Y____N____

Y____N____

COMMENTS: _____

INVENTORY VERIFIED UPON RE-OPENING (date/initials): _____